



Class 3 IFT-Paramedic Treatment Protocol 3608

Obstetrics

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This protocol is to guide the transfer of obstetric patients when, after careful consideration of medical options, the sending physician, receiving staff and the EMS provider determine it is in the best interest of the pregnant woman and unborn infant to initiate transport to a more appropriate obstetric/neonatal facility.

- a. Perform **Interfacility Transport Assessment (IFTA) Procedures Patient Care Protocol 9204** and follow the proper protocol for medical management based on clinical presentation.
- b. INDICATIONS:
 1. Prolapsed Cord
 2. Limb Presentation
 3. Preterm (<37 weeks)
 4. Membrane Presentations
- c. CONTRAINDICATIONS:
 1. Active labor of non-complicated pregnancy
- d. TREATMENT:
 - a. Any of the following situations require: **An EMT-B or higher level attendant must be available to assist the C3IFT and be physically present in the patient compartment at all times.**
 - b. Assess at facility and reassess patient every 15 minutes for:
 - i. Fetal Heart Tones: prior to the transfer and whenever possible.
 - ii. Document request for fetal monitoring device from sending facility
 - iii. Labor Pattern (intensity, duration or frequency of contractions)

If Labor Pattern differs from initial assessment at sending facility **contact MCP** for possible management orders.



- e. Preterm (<37 weeks) and or Preeclampsia
 - a. Assess and monitor patient and fetal heart tones.
 - b. Monitor Magnesium Sulfate to a maximum of 2-3 grams per hour.
 - c. Assess Deep tendon reflexes every 30 minutes

- d. If Deep Tendon Reflexes differ from initial assessment at sending facility contact MCP for possible management orders.



- f. Calcium Gluconate is to accompany any patient receiving Magnesium Sulfate.
- f. Breech Delivery:
- a. Expedite transport and notify Medical Command.
 - b. Allow spontaneous delivery with support of presenting part at the perineum.
 - c. If head is not delivered within four (4) minutes, insert a gloved hand into the vagina to form a "V" airway around infant's nose and mouth.
- g. Prolapsed cord:
- a. Expedite transport and notify Medical Command.
 - b. Place mother in knee-chest position or on hands and knees with knees to chest.
 - c. Ask mother to pant during contractions and Not bear down.
 - d. Insert gloved hand into vagina to push presenting part of baby off the cord to ensure continued circulation through the cord. Continue until relieved at hospital.
- h. Limb presentation:
- a. Expedite transport and notify Medical Command.
 - b. Rapid transport.